

HIPAA AWARENESS

*Glendale Fire Department
EMS Division*

COURSE HIGHLIGHTS

- ▣ *The definition of "Protected Health Information" (PHI)*
- ▣ *Patients' rights under HIPAA*
- ▣ *When and how PHI may be disclosed*
- ▣ *The steps that healthcare providers must take to safeguard PHI*
- ▣ *The consequences of failure to comply with HIPAA regulations*
- ▣ *Complaint process*

*****All healthcare
providers must take
the privacy of the
patients'
information
seriously.*****

WHAT IS HIPAA??

- ▣ *The Health Insurance Portability and Accountability Act (HIPAA)*
- ▣ *Signed into law in 1996*
- ▣ *Requires compliance in protecting the confidentiality and integrity of health information and patients' rights to privacy (Protected Health Information = PHI)*

WHO'S AFFECTED BY HIPAA?

- ▣ *"Covered Entities" include health plans, health care clearinghouses, or health care providers.*
- ▣ *A health care provider is defined as a provider of medical or health services and any other person or organization that obtain medical service/care complaints, furnishes bills, or is paid for health care in the normal course of business.*
- ▣ ***HIPAA compliance is required by all healthcare providers nationwide***
- ▣ *States can incorporate their own laws to accompany HIPAA compliance*

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- ▣ *Ex. : California has developed two types of laws to coincide the HIPAA law (AB 211 and SB 541)*
- ▣ *These two laws don't interfere nor negate from HIPAA; instead, they create a separate and parallel state-run system of HIPAA-type enforcement.*
- ▣ *** due to the new laws, it is now possible for a single (or series) of HIPAA complaints or violations to simultaneously trigger both federal and state investigations, audits, administrative fines, civil monetary fines, and criminal charges.*

WHY IS THE HIPAA LAW NEEDED?

- ▣ *To provide basic protections as ensuring a patient's legal right to see a copy of his or her medical record.*
- ▣ *To prevent breach of a person's health privacy.*
 - *A breach of a person's health privacy can have significant implications such as the loss of a job, alienation of family and friends, the loss of health insurance, and public humiliation.*

PROTECTED HEALTH INFORMATION (PHI)

- ▣ *PHI includes information:*
 - *Sent or stored in any form (written, verbal, electronic);*
 - *That identifies the patient or can be used to identify the patient;*
 - *That generally is about a patient's past, present and/or future treatment and payment of services.*

***For especially sensitive information, the patient can request extra protections and/or confidential communication.*

- ▣ *Ex: Hep-C, HIV/AIDS, psychiatric disorders, etc. ***

Examples of PHI

- ▣ *Names*
- ▣ *Addresses including Zip Codes*
- ▣ *All Dates*
- ▣ *Telephone & Fax Numbers*
- ▣ *Email Addresses*
- ▣ *Social Security Numbers*
- ▣ *Medical Record Numbers*
- ▣ *Health Plan Numbers*
- ▣ *License Numbers*
- ▣ *Vehicle Identification Numbers*
- ▣ *Account Numbers*
- ▣ *Biometric Identifiers*
- ▣ *Full Face Photos*
- ▣ *Any Other Unique Identifying Number, Characteristic, or Code*

USE V.S. DISCLOSURE

- ▣ What is “Use” of PHI?
 - Use of PHI refers to how PHI is internally accessed, shared and utilized by us internally.

- ▣ What is “Disclosure” of PHI:
 - Disclosure of PHI refers to how PHI is shared with individuals or entities externally (outside of the health system.)

AUTHORIZATION

- ▣ A signed permission to allow a Covered Entity to Use or Disclose a patient's PHI for reasons generally not related to Treatment, Payment or Healthcare Operations (TPO purposes).
- ▣ Authorization must include:
 - a detailed description of the PHI to be disclosed, who will make the disclosure, to whom the disclosure will be made, expiration date, and the purpose of the disclosure.

TYPES OF DISCLOSURES

- ▣ *No Authorization Required to:*
 - *To disclose PHI to the patient*
 - *To use or disclose PHI for treatment, payment or healthcare operations*
 - *Certain disclosures required by law (for example, public health reporting of diseases, abuse/neglect cases, etc.)*
- ▣ *No Authorization Required, but Must Offer Opportunity to Object:*
 - *Patient must be offered an opportunity to object before discussing PHI with a patient's family or friends*
Limited PHI (e.g., patient's hospital room/location number) is included in the "Hospital Directory" but patients must be offered "Opt Out" opportunity
 - *Certain disclosures to clergy members*

Types of Disclosures Continued

▣ Authorization Is Required:

- *For Research (unless IRB approves a waiver of authorization)*
- *To conduct certain fundraising activities*
- *For marketing activities*

INCIDENTAL DISCLOSURES

- ▣ *HIPAA recognizes that some disclosures are not completely avoidable. These constitute “Incidental Disclosures.”*
- ▣ *Example, visitors may hear a patient’s name as it’s called out in a waiting room or overhear a clinical discussion as they are walking down the hallway of an inpatient unit*
- ▣ *To prevent such incidents, steps must be taken to minimize PHI from being overheard or disclosed such as:*
 - *Speak in soft tones when discussing PHI in open areas such as the recovery room, emergency department, etc;*
 - *Do not discuss PHI in public hallways, elevators or other public locations;*
 - *Only use the minimum necessary to carry out the intended purpose*

KEYS TO LIMIT PHI ACCESS

▣ *Minimum Necessary Rule*

- *Generally, the amount of PHI used, shared, accessed or requested must be limited to only what is needed. Access or use only the PHI necessary to conduct their job responsibilities.*

▣ *Use your electronic access to information systems only to perform your job-related duties and only access PHI on a need-to-know basis*

- *All electronic systems are audited – a log of all accesses is maintained and designed to protect patient privacy*
- *Inappropriate access can lead to disciplinary action, up to and including discharge from employment*

INFORMATION SECURITY TIPS

- ▣ *Use difficult to break passwords and never share your password with another person*
- ▣ *Change your password often*
- ▣ *Use password-protected screensaver*
- ▣ *Log off from all electronic record applications (e.g., CareWeb) when you are finished*

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- ▣ *Secure all electronic records – Call IT support to set up secure electronic systems*
- ▣ *Do not save any PHI on portable electronic devices such as laptop computers, usb/thumb drives, pda's, etc. - and report to your Supervisor or the Compliance Office if any of these devices are lost or stolen*
- ▣ *Lock file cabinets/ drawers containing PHI*
- ▣ *Limit personnel for accessibility to PHI*

PENALTIES FOR VIOLATING HIPAA

- ▣ *Covered Entities and Individuals can be penalized for violating HIPAA*
- ▣ *• 4 Tiers of Civil Monetary Penalties ranging from \$100 up to \$1.5 million (per violation)*
- ▣ *• Criminal fines: \$250,000/up to 10 years imprisonment*

** *NOTE: Individuals (This means You!) can be subject to criminal prosecution, fines and imprisonment * **

PATIENT COMPLAINTS

- ▣ *Patients have the right to make a complaint directly to your organization's Privacy Officer concerning your policies and procedures with respect to the use and disclosure of protected health information (PHI) about them.*
- ▣ *They may also make a complaint about concerns they have regarding your compliance with any of your established policies and procedures concerning the confidentiality and use or disclosure of their PHI, or about the requirements of the federal Privacy Rule.*
- ▣ *All complaints should be directed to your Privacy Officer*

COMPLAINT PROCESS

- ▣ *Must Be filed in writing, either on paper or electronically.*
- ▣ *Name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Federal Privacy Rule.*
- ▣ *Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the Secretary of the U.S. Department of Health and Human Services waives this time limitation.*

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- ▣ *The Secretary of the U.S. Department of Health and Human Services may investigate complaints.*
- ▣ *This investigation may include a review of the pertinent policies, procedures, or practices of the organization and of the circumstances regarding any alleged acts or omissions concerning compliance.*
- ▣ *HIPAA prohibits the alleged violating party from taking retaliatory action against anyone for filing a complaint with the Office for Civil Rights. You should notify OCR immediately in the event of any retaliatory action.*

SUMMARY

- ▣ *HIPAA requirements are meant to encourage health care organizations to move patient information handling activities from manual to electronic systems in order to improve security, lower costs, and lower error rate. HIPAA recognizes that health information contains personal, confidential information, and creates standards to protect each of our individual rights to keep it that way.*

QUESTIONS ????????????

Please fill out the post-evaluation form regarding the HIPAA Awareness course. Thank you!

REFERENCES

- ▣ <http://www.targetsafety.com>
- ▣ <http://www.hhs.gov/ocr/privacy/>
- ▣ <http://www.cms.hhs.gov/HIPAAGenInfo/>

- ▣ *Beldsoe, Bryan; Porter, Robert; and Cherry, Richard. (2003). Essentials of Paramedic Care. Upper Saddle River, NJ: Prentice Hall.*

- ▣ *Browner, Bruce; Jacobs, Lenworth; and Pollak, Andrew. (1999). Emergency Care and Transportation of the Sick and Injured (Seventh Edition). Sudbury, MA: Jones and Bartlett Publishers.*

- ▣ *Limmer, Daniel; Elling, Bob; and O'Keefe, Michael. (2002). Essentials of Emergency Care: Refresher for EMT-B. Upper Saddle River, NJ: Prentice Hall.*

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- ▣ *Shade, Bruce; Rothenberg, Mikel A.; Wertz, Elizabeth; and Jones, Shirley. (1997) Mosby's EMT-Intermediate Textbook. St. Louis, MO: Mosby, Inc.*
- ▣ *United States Department of Health and Human Services. (2003). Office for Civil Rights. Summary of the HIPAA Privacy Rule. HIPAA Compliance Assistance.*
- ▣ *United States Department of Health and Human Services. (2006). Office for Civil Rights – HIPAA Website. Retrieved August 19, 2008 from <http://www.hhs.gov/ocr/hipaa/>.*
- ▣ *----- (2009). "HITECH Breach Notification Interim Final Rule." Retrieved from: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/breachnotificationifr.html>.*